## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

| _          |       |
|------------|-------|
|            | _     |
| $A \sim A$ | 0-9/2 |
| 1/2ナラ      | 8962  |

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                                                                                                                                                                                                                                                    |             |                                           |              |                                     |            |                     | SMALL E    | OR                     | OTHER THAN<br>OR SMALL ENTITY |            |                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------|--------------|-------------------------------------|------------|---------------------|------------|------------------------|-------------------------------|------------|------------------------|
| TOTAL CLAIMS                                                                                                                                                                                                                                                                                                      |             | 23                                        |              |                                     |            | RATE                | FEE        | ٦                      | RATE                          | FEE        |                        |
| FOR                                                                                                                                                                                                                                                                                                               |             |                                           | NUMBER FILED |                                     | NUME       | SER EXTRA           | BASIC FE   | 385.00                 | OR                            | BASIC FEE  |                        |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                                                                                                                           |             |                                           | 33 minus 20= |                                     | *          | 13                  | X\$ 9=     |                        | OR                            | X\$18=     | 23×                    |
| INDEPENDENT CLAIMS                                                                                                                                                                                                                                                                                                |             |                                           | minus 3 = *  |                                     | *          | 4                   | X43=       |                        | OR                            | X86=       | 344                    |
| MULTIPLE DEPENDENT CLAIM PRÉSENT                                                                                                                                                                                                                                                                                  |             |                                           |              |                                     |            |                     | +145=      |                        | OR                            | +290=      | 54.4                   |
| * If the difference in column 1 is less than zero, enter "0" in column                                                                                                                                                                                                                                            |             |                                           |              |                                     | column 2   | TOTAL               |            | OR                     | TOTAL                         | 1348-      |                        |
| CLAIMS AS AMENDED - PART II                                                                                                                                                                                                                                                                                       |             |                                           |              |                                     |            |                     | OTHER THAN |                        |                               |            |                        |
| _                                                                                                                                                                                                                                                                                                                 |             | (Column 1)                                | 1            | (Colum                              |            | (Column 3)          | SWALL      |                        | OR<br>1                       | SWALL      |                        |
| <b>AMENDMENT A</b>                                                                                                                                                                                                                                                                                                |             | REMAINING<br>AFTER<br>AMENDMENT           |              | NUMB<br>PREVIO<br>PAID F            | ER<br>USLY | PRESENT<br>EXTRA    | RATE       | ADDI-<br>TIONAL<br>FEE |                               | RATE       | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                   | Total       | *                                         | Minus        | ##                                  |            | =                   | X\$ 9=     |                        | OR                            | X\$18=     |                        |
|                                                                                                                                                                                                                                                                                                                   | Independent | *                                         | Minus        | ***                                 |            | =                   | X43=       |                        | OR                            | X86=       |                        |
| Ľ                                                                                                                                                                                                                                                                                                                 | FIRST PRESE | NTATION OF MI                             | JUIPLE DEF   | PENDENT                             | CLAIM      |                     | +145=      | 4                      | OR                            | +290=      |                        |
|                                                                                                                                                                                                                                                                                                                   |             |                                           | •            |                                     | •          |                     | TOTAL      |                        |                               | TOTAL      |                        |
| (Oaluma 4)                                                                                                                                                                                                                                                                                                        |             |                                           |              |                                     |            | (Column 2)          | ADDIT. FEE |                        | J • · · ·                     | ADDIT. FEE |                        |
| _                                                                                                                                                                                                                                                                                                                 |             | (Column 1)<br>CLAIMS                      |              | (Colum                              |            | (Column 3)          |            | ADDI-                  | 1 1                           | -          | ADDI                   |
| AMENDMENT B                                                                                                                                                                                                                                                                                                       |             | REMAINING<br>AFTER<br>AMENDMENT           |              | NUMB<br>PREVIO<br>PAID F            | USLY       | PRESENT<br>EXTRA    | RATE       | TIONAL                 |                               | RATE       | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                   | Total       | *                                         | Minus        | **                                  | 0          | =                   | X\$ 9=     |                        | OR                            | X\$18=     | I top be               |
|                                                                                                                                                                                                                                                                                                                   | Independent | *                                         | Minus        | ***                                 |            | = .                 | X43=       | ,                      | OR                            | X86=       |                        |
| Ĺ                                                                                                                                                                                                                                                                                                                 | FIRST PRESE | NTATION OF MU                             | ILTIPLE DEF  | ENDENT                              | CLAIM      |                     |            |                        |                               |            |                        |
|                                                                                                                                                                                                                                                                                                                   |             |                                           |              |                                     |            | +145=               |            | OR                     | +290=                         | •          |                        |
|                                                                                                                                                                                                                                                                                                                   |             |                                           |              |                                     |            | TOTAL<br>ADDIT: FEE |            | OR                     | TOTAL<br>ADDIT. FEE           |            |                        |
|                                                                                                                                                                                                                                                                                                                   |             | (Column 1)                                | <del>,</del> | (Colum                              |            | (Column 3)          |            | •                      |                               | •          |                        |
| AMENDMENT C                                                                                                                                                                                                                                                                                                       |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGHE<br>NUMBI<br>PREVIOL<br>PAID F | ER .       | PRESENT<br>EXTRA    | RATE       | ADDI-<br>TIONAL<br>FEE |                               | RATE       | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                   | Total       | •                                         | Minus        | **                                  |            | =                   | X\$ 9=     |                        | OR                            | X\$18=     |                        |
|                                                                                                                                                                                                                                                                                                                   | Independent | •                                         | Minus        | ***                                 |            | =                   | X43= ·     |                        | OR                            | X86=       |                        |
| Ľ                                                                                                                                                                                                                                                                                                                 | FIRST PRESE | NTATION OF MU                             | LTIPLE DEP   | ENDENT (                            | CLAIM      |                     | +145=      | · -                    | OR                            | +290=      |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT SEE                                                                                                                       |             |                                           |              |                                     |            |                     |            |                        |                               |            |                        |
| **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |             |                                           |              |                                     |            |                     |            |                        |                               |            |                        |